

Flint Ball Bowman Esq

A DISCOURSE,

ADDRESSED TO THE

Kentucky State Medical Society,

AT ITS

ANNUAL MEETING,

HELD IN

LEBANON, APRIL 18, 1859.

BY

JOSHUA B. FLINT,

PRESIDENT OF THE SOCIETY.

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BY JOSHUA B. FLINT, PRESIDENT OF THE SOCIETY.

GENTLEMEN :

There are times in the history of every living and progressive art which are aptly denominated transition periods, when the authority and prestige of old ideas and methods are questioned by intruding novelties, and a state of chaos or conflict occurs, out of which, if rightly treated, is developed not only a new life, but new modes of life and improvement. Such may be said to be the appointed method of human progress. Trace back the pathway that has led to any of the signal attainments of our race, and you will find it broken into stages indicative of unsteady, and often devious efforts, by which the progress has been made. Even, in the crowning achievement of scientific endeavor, the electrical current must be *broken*, before the subtle element will acknowledge and record the subserviency to which human genius has reduced it. Only the august energies of Omnipotence march steadily on, to the consummation of its great designs.

Medicine is, at present, in the midst of one of these transitions. The Hunterian epoch, in which most of us have lived, and learned and practiced our profession—though brief, as memorable and prolific as any in the history of our art—has encountered one of those inevitable vicissitudes in human thought, judgment and action, and is, in dignity and honor, passing away.* What

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* Says a pert commentator on the recent obsequies in Westminster Abbey: "Strange coincidence or rather contradiction, that just when the world is forgetting his doctrines, it is striving to immortalize the man." Ah, no, my sagacious friend—at the price of spoiling an antithesis, let me tell you that the world can not forget John Hunter nor much of his teachings, and may spare itself any trouble about the immortality either. That is already secure. In the progress of the religious development of our race, the dispensation of Moses has been superceded; but do you think that the stern old prophet of Sinai or his Decalogue are ever to lose their hold on the moral convictions and sensibilities of mankind? I shall not be misunderstood, then, in saying that the "Hunterian epoch" is passing away.

will be its successor, and under whose leadership it will appear, is not yet determined. In the shadows, however, which coming events are said to cast in advance, the observer will not fail to discover, even now, in dim and cloudy outline, the "form and pressure" of the new era that is opening. The Neuro-pathic phenomena of disease are evidently in the ascendant, and destined to occupy, in the medical mind of the immediate future, the place so long and exclusively maintained by those that are vascular and inflammatory. Cor cedat Medullæ, lymph, red globules, congestion, give place to ganglia, excitability, reflex action, &c. As to the leadership and denomination of the new order of things, they absolutely defy the most enterprising anticipation. Among the medical constellations on either side of the Atlantic, there does not appear a star of empire,—not a man now on the stage of medical action, who can aspire to be such a leader as was Von Helmont, or Haller, or even Cullen, in his day. There are many *teachers* in the Neuropathic school, but never a *master*. If a tithe of the philosophic spirit of John Hunter had been vouchsafed to his busy countryman, the expositor of the mimoses, the new epoch might have appeared, marshalled under a name bearing the same initial as that of its immediate predecessor.

But, enough of the uncertainties of the future—the present is actual, whose interests, duties, and dangers appeal to practical men, in all departments of human thought and effort, with far more effect than those of the past or future. I return therefore, to the remark, that the present is *a period of revolution in the domain of medicine*, and invite you to accompany me in a few reflections upon the dangers to the cause of medical improvement and progress, which most easily beset the zealous laborer in that cause, at such periods. The duties, the active, positive duties, of every enterprise, are at all times, sufficiently obvious and inviting to those cordially engaged in it; its dangers, often involving the very essence of the cause, are more likely to be latent, and liable to be unheeded unless specially brought to view.

The danger of dangers in transition periods, lies in the tendency of the human mind to oscillate to extremes. Tired with familiar exercises and results, captivated by novelties, intoxicated by the inspirations of hope, we rush forward to positions

which sober experience proves to be untenable, and, in disheartening retreat, lose spirit and courage, as well as the actual fruits we might have secured by more patient and conservative labor. The great *problem* at such times, should be the fusion or amalgamation of the two great elements of all existence, stability and progress—the great *DESIDERATUM*, fidelity to our inheritances from the past, and a cordial welcome to the invitations of the future.

Let us apply these thoughts to the subject of professional reform and improvement, under the three-fold aspect of *medical doctrines, medical practice, and medical education*.

Admirably in point, as illustrative of our tendency to ultraisms in doctrinal matters, is the late and present state of medical thought in regard to the venerable controversy between solidism and humoralism.

Fifty years ago, the professional mind seemed to be settled down into exclusive and absolute solidism. It had reached this position after a contest of centuries, and was in none too good humor with an adversary that had held out so long, and whose fascinations had been so hard to withstand. We not only disowned humoralism, but scouted and ridiculed it. The philosophical determinations of Bichat and Cullen, had found lively and effective co-operators in the pasquinades of Moliere and Peter Pindar.

Presently, however, some of the interesting results of the application of chemistry to the organic fluids, tempted the pathologists of the day to employ them for the elucidation of essential fever. The results of this experiment were received with favor, and thus was re-introduced this discarded but seductive species of medical philosophy. How rapidly it has recovered its lost favoritism, I need not say, to hearers so familiar with current professional ideas as those I now address. Blood diseases, uremic affections, depraved and poisonous humors, and similar terms and expressions may be said to have become rather characteristic of modern nosological essays. As was to have been expected, along with the phraseology of the old fashioned humoralism, are returning the extravagances and absurdities of its practice. Already we have an author referring hysteria to uremic depravity, and we shall presently be for eliminating the “peccant humors,” in a

severe toothache, instead of invoking the eradicating forceps of the dentist. A few of the most robust and determined solidists, like our venerable and voluminous Paine, who, by the way, is an admirable illustration of extreme opinions, in the other direction, are resisting this headlong precipitation into old and exploded errors; but the mass of the profession seem to have embarked "with a will," in the revamped argosy that is under full sail for the very "ultima thule" of humoralism.

Now, the briefest reflection is sufficient to show, independent of the positive experience of past times, how pernicious, how fatal indeed, to true and durable progress, such extreme doctrinal views of disease must be, and to suggest a caution against the dangers we are contemplating. Such sober reflection, unbiassed by sectarian or fashionable influences, will force us to the conclusion, that every constituent portion of any organized being may have its properties or capacities so perverted as to constitute primary, original disease, in the being to which it belongs; and that the philosophical solution of the question of the starting point of any train of morbid action, is to be effected, not by the application of any doctrinal test, but by analyzing the facts and phenomena of the case, and accepting with satisfaction the last results of such analysis, whether they be presented in fibre or fluid.

In proceeding to our second topic—the great and inviting field of practice—we shall at once perceive that none of the changes or revolutions that mark our period, are more conspicuous—none certainly more interesting, than that which consists in substituting cautious and expectant medication for the heroic polypharmacy that prevailed so generally fifty years since, and which is far from being among the things of the past, in this region of the world. This change has been going on of late, as the legitimate result of a more scientific pathology, an admirable exposition of which is furnished by Prof. Bennett, in his late invaluable contribution to our literature of practical medicine. But previous to these suggestions of science, it had commenced rather empirically, as the result of certain views of the relative efficiency of nature and art, in the cure of disease, which had, from time immemorial, governed the thought and action of individual practitioners, but which, in their formal and methodical presentation, are quite modern, and have

as yet secured a very limited admission and influence in the professional mind.

It is always difficult to fix a precise date to the origin of such matters, but I believe it is conformable to facts, and just to persons, to affirm, that the views to which I refer, were first promulgated by Dr., now Sir John Forbes, some twenty-five or thirty years since, and about the same time, by a distinguished countryman of our own, Prof. Jacob Bigelow, of Boston, Mass. The exposition of Dr. F. appeared in two elaborate articles in the *British and Foreign Medical Review*, of which he was then editor, entitled respectively, "Homeopathy, Allopathy, and Young Physic," and "The Water-cure, or Hydropathy."

These articles encountered a storm of opposition, from those who assumed to be conservatives in the profession, as bitter and uncompromising as those that were encountered in their respective times, by Harvey and Jenner—their principles declared revolutionary and derogatory to legitimate medicine, and their author denounced as a medical heretic and a deserter from his professional ranks. Not a few of the *oracles* of our art proceeded to his excommunication, in ample form. But it is as true now, as in Testament times, that "wisdom is justified of her children." Nothing could testify more strongly to the essential truth and practical value of those views, than the steady and rapid change which took place in the professional mind regarding their character, during the subsequent years of silence of their accomplished promulgator, and the general favor with which was received from his hands, a year or two since, a little volume, entitled "Nature and Art in Disease," in which the same reformatory ideas are inculcated that had been so distasteful in the "Review."

"It is thought," says the author, in his preface to this favorite little volume, "that the general views here given, will enable such junior practitioners as may study them, to apply them of their own accord, to the improvement of the treatment of diseases, by strengthening their confidence in nature's powers, and by mitigating, in their hands, the evils of polypharmacy, and of that meddlesome and perturbative practice still so prevalent in this country."

The editor of one of those periodicals that were fiercest in

their assaults upon the "articles," thus notices the later utterance of the same truths, in the volume:

"This book gives explicit and coherent expression to that feeling of reaction against violent and purturbative practice, which has been going on in the profession for the last twenty years, and may now be considered as settled and fixed. He explodes, almost by a simple statement of it, the opinion of disease being a separate entity destructible by the introduction into the system of an appropriate remedy; and he recalls to our attention, in a truly philosophic form, the sanative powers of nature."

Prof. Bigelow was a little in advance of his British co-laborer, in point of time, but his reclamations were, at first, not quite so pointed or general. Twenty-eight years ago, on an anniversary occasion, in a sister State, precisely analagous to that which has called us together, this gentleman, in the exercise of the same function which it is my privilege to exercise now, read to the Massachusetts Medical Society his well known discourse on "Self-limited Diseases." Although this discourse was mainly devoted, as its title implies, to the exposition of the author's censervative views of the treatment of a particular class of diseases, yet there is running through it a tone of disapprobation of the prevalent style of therapeutics, and an expression of reliance upon the sanative powers of nature, which places it in the same category with the subsequent productions of his enlightened compeer and fellow-reformer on the other side of the Atlantic.

Since the period of these remarkable productions, the medical mind has been exercising itself every where, with different degrees of interest and success, in applying their principles and doctrines to the current manifestation of disease, and the methods of its treatment. Where ever this test of the new views of practice has been faithfully applied, it is wonderful how uniformly they have been sustained by the results of experience.

The dogmatic relations hitherto established between diseases and their pharmaceutical remedies, are, to a greater and greater extent, distrusted, and the "vis medicatrix" is invoked and depended on with more and more confidence and frequency. One after another of the converts thus made to the new dis-

pensation, has communicated to his fellows, in the form of lecture, occasional discourse, or more explicit report, his satisfactory experience and convictions, until it can boast, already, in this country, a considerable show of literature, devoted to the commemoration of its merits, and the diffusion of its influence.

The philosophic and genial poet of our profession, the inimitable Holmes, in a recent valedictory addressed to the medical graduates of his school, in the spirit of this beneficent amelioration of practice, charges them on the point we are contemplating, in the following epigrammatic lines:

“With regard to the exhibition of drugs, as a part of your medical treatment, *the golden rule is, be SPARING.* Many remedies you give would make a well person so ill that he would send for you, at once, if he had taken one of your doses accidentally. It is not quite fair to give such things to a sick man, unless it is clear that they will do more good than the very considerable harm you know they will cause. Be very gracious especially with children.”

To the same effect, but far more authoritative are the recent congratulations of Prof. Bennett, that the art has, of late years, been undergoing a great revolution — that whilst physiology and pathology have been making rapid advances, our previous impressions of the action of drugs, and of various modes of treatment have become altogether changed — vindicating the necessity of this change, moreover, by the remark, that “the prevalent therapeutics are so exceptionable that many intellectual inquirers among us take refuge in a universal skepticism as to the action of drugs, leave every thing to nature, and merely adopt what in France is called an expectant treatment, and in Germany, the practice of Nihilismus.” “Nay,” he adds, “it has even been contended that our remedies, so far from doing good, in many instances, do positive harm, and that it is safer to trust to nature than to the physician.”

Such extreme re-actionary conclusions are not cited, either by Prof. Bennett or the present speaker, with approbation of them; but only as evidence of the grave abuses which must have existed to have provoked them — abuses of medication — abuses of drugs — abuses at once of professional discretion, and of popular credulity. Let it not be said, that we encour-

age such conclusions, when we assail those abuses, and endeavor to invite the professional mind to more rational, more liberal and comprehensive views of what constitutes the practice of medicine.

In the above cautionary remarks of Prof. Bennett, we have the true explanation of the "medical infidelity" so often referred to and deprecated in certain conservative quarters, as they claim to be, and which is, by the same parties, charged upon the influence of those who are the advocates of a more natural and liberal system of therapeutics. The want of faith is not in a wise and intelligent professional care of the sick—a care that employs in their behalf, all the various agencies that are known to influence favorably, the restorative efforts of nature—but in that exclusive and officious care that relies mainly upon the administration of medicines, and the introduction of special antidotes. To this class of medical infidels, the present speaker has long professed to belong, and he may add, has not been altogether without some experience of the penalties which the orthodox party, as they deem themselves, in church, state, and profession, think it fair to impose as the price of the privilege of independent thought and action. In early professional life he was led to scrutinize more rigorously than many others, the antidotal relations then taught to exist between diseases and their remedies, and which constituted a part of the medical creed of the times. Every year's persistent attention to the subject, has more and more convinced him that those relations are so imperfectly understood by the most intelligent practitioners, and so misunderstood by others, as to constitute a very uncertain and unsafe basis of practice, and are yet so authoritative as to encourage a reckless and pernicious employment of medicinal agents. Nevertheless, it is equally true that so far from undermining his medical faith, every advancing year of his professional life thus employed, has only served to deepen and strengthen his convictions of the unspeakable benefits derived to mankind from legitimate and scientific medicine.

"Vis medicatrix naturæ," is a favorite professional expression—a time hallowed portion of medical phraseology. But do we appreciate fully its actual signification in a professional sense, and do we respect it as we should, in our dealings with disease? Is there indeed, among the other wonders of our corporeal

being, a subtle force, inherent in the very organization itself, whose office it is to protect vitality, in its very arcana—to correct errors of function, and restore lesions of structure? So our accepted phraseology implies—so, in some sense our daily experience assures us, and so also, some of the most striking analogies of nature intimate.

Some hundred years ago, astronomy offered a frightful prophecy to the world from the observation of certain irregularities in the motions of the moon, which, presumed to be persistent, would inevitably, at some uncertain, but not very distant period of time, bring that planet into contact with the earth, and introduce the reign of chaos into the solar system. Our poetic brother Darwin celebrated the sublime disaster in some of his most effective lines, and Sir I. Newton went to his grave in the melancholy apprehension of this impending catastrophe, in the system whose laws he had done so much to unfold. It was left for his great compeer La Place to correct this mistake of his predecessors—to illustrate the efficiency of the “vis medicatrix,” even among the stars, by demonstrating that this dreaded irregularity itself was hurrying our capricious satellite within the range of attractions and influences that would modify its erratic propensities, cause it to resume its normal course, and wheel on, indefinitely, in its appointed orbit, without hazard to the safety or harmony of the system. How reasonable then, to infer, independent of the multiplied experience to which I shall presently refer, that in the microcosm of man, the all-wise creator has introduced a like conservative principle, limited indeed, and qualified by the exigencies and necessities of a mortal and transient being.

But far more conclusive than any analogical suggestions, are the familiar facts presented to those who are observant of disease, provided they will interpret them with a view to the point we are considering—so that we have no doubt of the operation of this conservative principle in the more trifling disorders and diseases of the body, which, let alone of art, nevertheless are relieved by the restorative forces of nature; but we are too prone to distrust the ability of these forces to contend with the more serious and formidable of the disturbances of the system. Although our distrust of the good old dame does not often degenerate into the positive insult inculcated

in the conceited counsel of Dr Rush, who is said to have been in the habit of charging his pupils "to kick nature out of the door when ever they enter the room of the sick," yet when grave enough to invoke the interposition of the physician, the common thought is that diseases are to be *conquered*, *extirpated*, *jugulated*, or at least *cured* by his introduction of some antagonistic agent from without—and so we have extracted from the plant, or dug from the earth, or compounded in the laboratory, our armament for this warfare and victory. Nor is this search for remedial agents in the various kingdoms of nature, to be discouraged. Medicine is under many obligations to her sister sciences for such contributions. But the physician must bear in mind, when he takes the field with this potent and specious array, that, as in all other hostile conflicts, the peaceful interests of the seat of war may be sacrificed by the desolating struggles of the belligerents, and that the disorder which provoked the contest is often inconsiderable, compared with the ravages inflicted on the battle ground.

Not without reason does that eminent physician, Chomel, among the French practitioners of his day, "*facile princeps*," introduce one of the noblest contributions to practical medicine that the literature of any nation can boast, with the memorable apothegm—"the *first* care of a physician is, that he do no harm to his patients, and then to do them as much good as possible."

Not unfrequently we seem to have overcome morbid processes and tendencies by the skillful employment of the *materia medica*; but the result is due only to a fortunate co-operation of these agents with the "*vis medicatrix*." Indeed, my brethren, without indulging any transcendentalism of thought or expression, while wielding these agents against disease, we are too apt to forget that the great remedial agencies for physical ailments, like that great remedy provided for moral diseases—"the Kingdom of Heaven," are within us—those organic intuitions and autocracies that are too little studied, and too little respected by the ministers of the healing art.

True it is that, in the case of every living being, these natural conservative forces are at last powerless in the presence of the universal doom of humanity. But equally powerless, in that exigency, are all the vaunted processes of art. The angel

with the flaming sword still stands where he was placed in the infancy of our race, guarding the tree of life, lest the venturous hand of man should pluck the fruit thereof, and live forever.

Occasionally, however, in the most desperate and hopeless instances of disease or injury, when art is paralyzed by despair, or its services ineffectually urged upon an obstinate or frantic sufferer, the practitioner witnesses, with admiration or amazement—almost with awe, as if it were the work of some supernatural interposition, a spontaneous restoration to health, which he dares not claim as a cure, but would rather, in all humility and gratitude, denominate a resurrection. Who knows but such gratifying surprises would be more frequent, if it were not so much the custom, in the popular reliance on drugs, to medicate the more heroically, as the case becomes more desperate—“*melius anceps quam nullam remedium*”—and sometimes, without doubt, to extinguish the feeble remnant of vitality, which, peradventure, might have borne up under the stress of disease, but could not endure the additional trial of perturbing medication.

Nothing preternatural is there in those wonderful recoveries; but only illustrations of the recuperative potency of natural laws, so striking, and sometimes so affecting, as to force themselves upon our recognition; but in a variety of facts and observations of a less extraordinary kind, are the existence and operation of these laws demonstrated, with equal conclusiveness, to the observing and thoughtful physician. Recoveries from grave diseases among barbarous people—restoration of persons desperately wounded at sea, or otherwise out of the reach of professional aid—the acknowledgment on all hands that some of the most frequent forms of grave diseases, typhoid fever for instance, and the exanthemata, are not amenable to any known medication, and which nevertheless afford a gratifying preponderance of recoveries—the facts attending the practice of homeopathy—the actual facts I mean, and the honest practice of that infatuation, and not the pretension and cheaterly which generally make it infamous as well as absurd—all such matters of fact and observation—common, patent, every where encountered, some of them—among their legitimate impressions upon the physician’s mind, should above all things, convince

him that the professional care of the sick, a wise exercise of the healing art, demands something more and higher than the antidotal administration of calomel and tartar, iodine, or even the hyperphosphates.

Highly confirmatory of such impressions, as it seems to me, is the argument from an interesting narrative relating to a novel form of medication recently introduced in some of the South-Western States, furnished by a gentleman for many years an extensive practitioner in that region, but at present a resident of Louisville. He had just returned from a visit to his old sphere of medical duty, and to the professional gentlemen who had been his associates, or had become his successors there. The most experienced and eminent of those gentlemen were in a state of enthusiastic excitement over the discovery of a new remedy, which appeared to be of a very general and salutary application—a remedy, at once simple and potent, pleasant to the palate, obtained without cost, and administered without risk. “Cooke and Rush are alike exploded,” says the pleasant narrator, “and it looks like the whole materia-medica was to be superseded by *Cornshuck-tea*.”—*Decoctum Zeae Mays, Glumarum*.

Many details of the new practice were given, derived from conversations with gentlemen who had adopted it themselves, or who represented the views and conclusions of others who had, and there appears to be a very sincere and earnest conviction among them, that they can manage the diseases of that region, better by the exclusive use of this novel ptisan, than by the hitherto accredited medication—a class of diseases, we must remember, that has been regarded as demanding, more imperatively than most others, the somewhat heroic administration of certain energetic medicinal agents.

Now, although our information on this little revolution is too limited to justify any conclusion as to its merits or permanence, it is quite safe to affirm that whatever merit it may be proved to possess, consists not so much in the administration of “*cornshuck tea*,” as in the abstinence from the old-fashioned routine of antidotal medication, thus allowing a fair chance to those spontaneous or natural therapeutics of which we have been speaking.

Let it not be said now, in opposition to these views or statements, or to any legitimate inferences from them, as it once was

said to Dr. Forbes, that to entertain and inculcate them is professional suicide—that, if Nature be thus adequate to the exigencies of disease, there is no longer need of physicians—that the healing art is then an insignificant title, and the venerable institution that has borne it so long and honorably, a pretender. In acknowledging Nature, as all will agree to do, to be the real parent and producer of the various flowers and fruits of the field, do we disparage the art of agriculture, or forego the services of the husbandman, or undervalue the science which enables him so to regulate the productive forces of nature as to develop wholesome nutriment from a noxious plant, and to cause “the wilderness to rejoice and blossom like the rose?” “Man is but the minister and interpreter of Nature,” says Lord Bacon. If the physician would most truly magnify his office, let him exercise it as the deferential aid, the obedient handmaiden of nature. Consummate must be the art, or the degree of art, which can co-operate with this great life-giving, and life-preserving power—subtle and profound indeed, the science, that can know how to aid its beneficent agencies of restoration. Let medical art prepare herself for this elevated and elevating companionship of service, not by any slavish subserviency of purpose, not by divesting herself of the implements of usefulness she has inherited or won, not by depreciating the value of her own proper share in the results of the united endeavor; but, leaving to modern Paracelsists the pursuit of new remedies, let her address herself with new zeal to the investigation of the *natural history of disease*, to the study of the temperaments and idiocracies of her patients, to the sanatory applications of that famous category of the “*non naturals*,” which secured so much of the regards of the old physicians, *meat and drink, sleeping and watching, motion and rest, the retentions and excretions, and the affections of the mind*.

Attention to these topics, far more than has of late been bestowed, is necessary to develop the functions of the physician, in their true and harmonious proportions. He must *cure* the sick, not according to the vulgar sense and application of the term, but according to its true and etymological meaning, as it was originally employed in medical phraseology. *Cura*, the Latin substantive, implies care, not physic, and the verb

curare, to take care, to conduct safely, not to medicate. So of the corresponding Greek term—*Therapeuo*—it signifies, “I wait upon, I alleviate, I attend upon the sick,” and not, I employ the *materia medica*, I prescribe jalap or quinine or calomel or opium—the judicious use of such agents constituting only a part, and by no means an essential part, of the true physician’s duty. In what form of disease is professional attention to the sick more eminently conducive to a favorable result than in that grave and dreaded malady, Typhoid fever, and yet, how inconsiderable a part of that attention, if wisely given, consists in the administration of drugs? Behold the victim of inexorable Phthisis, now bled to dissolution by the disciples of Gallop and Rush, now debilitated by equally unwise confinement and nauseating expectorants, now tormented by blisters and issues, now drugged and nauseated by the fashionable hypophosphates, now suffocated and put in mortal peril by the hazardous cauterizations of Green; and now, again, behold him, the fortunate patient perhaps of my namesake at Buffalo, refreshed by cordial drinks and invigorating food, mounting his horse on the plains of Nebraska, and bravely combatting his disease—peradventure conquering it—by means not incompatible with the enjoyment of life or the discharge of some of its most urgent and grateful engagements. In such a presence who will heed the flippant cavil, “no physic, no physician?”

There is no Nihilismus in such instances, no quasi Homoepathy, not even the French Expectantism: but the most positive, rational and legitimate application of medical science to the treatment of the gravest forms of disease. Such instances, moreover, would be more numerous than they are, if our knowledge of diseases was only more intimate and complete than it is. Whenever we shall have become as thoroughly acquainted with rheumatism and dysentery, as we now are with typhoid and phthisis, we shall be able to dispense with most of the empirical or dogmatic medication which we now employ with such uncertain effect in those affections, and substitute a regimenal or hygienic method of treatment, far more certain in its beneficial effects, and realizing in their attainment, if no other incidental advantage, two at least of the three ancient desiderata in medicinal action—“*tuto, ac jucunde.*”

No substitute for study then, as already hinted, no dispensa-

tion in favor of indolence or routineism, no "royal road" to professional success, is tempting us into the new school of rational practice. Only new acquisitions of knowledge, making us better acquainted with the natural history of the various diseases, can enable us to extend the range of this practice, and emancipate ourselves and our art, from the thralldom of a prescriptive materia medica, and to become physicians indeed, instead of quasi apothecaries.

Did it never occur to you, my friends, in regard to the supposed efficacy of certain drugs in the cure of diseases, how very unsatisfactory any estimate of such efficacy must be in view of the notorious adulteration and impurity of a large portion of the articles most relied upon in practice? Fortunately, at the present time, through the enterprise of a distinguished scientific member of the profession, in our midst, we can here obtain medicines that are absolutely reliable; but, during the last fifty years, throughout the western country at least, I presume it will be safe to say that not one quarter part of the most valued medicinal agents employed by the physicians, approximated the qualities and potency assigned to them in the dispensatory. The boasted exploits of our medicinal "Samson," become doubly apocryphal, when we consider that every grain of most of the calomel used, with such wonderful effect upon the liver and other secretory apparatus, consists principally of chalk, or some equally inert and more ponderous white powder. If such facts explain the harmlessness of the immense doses of this drug, that have sometimes been administered, they are equally conclusive as to the uncertainty of its usefulness, when administered with posological propriety in a multitude of instances, as well as suggestive of the question whether the results of cases would have been any more adverse if the interposition of this *shorn* Samson had never entered into their treatment at all.

What, then, it may be inquired, is the doctrine and purpose of the new school of practice, in regard to the administration of drugs? Do we proclaim a crusade against the approved materia medica, renounce all the means it supplies for the modification of diseased action, and counsel physicians as well as patients, in the language of the great dramatist, to "throw physic to the dogs?" By no means. That were an ultraism

almost as reprehensible as the most reckless polypharmacy. Almost, I say, for it is my settled conviction that the fatality and duration of disease, on the whole, would be far less under a total abstinence from all pharmaceutical agencies than under such a meddlesome and heroic employment of drugs as finds its justification in standard works, and orthodox teachings, and honored examples of the last half century. But, abuses of things are never good reasons for the entire disuse of them.

In avoiding the mischiefs of polypharmacy, let us not forego the advantages of a discriminating and prudent medication. We cannot yet give up, without loss, even that family of medicines whose abuse has been more flagrant and disastrous than that of any other—mercurials; and if compelled to relinquish *the Opiates*, for one, I would throw up my diploma, and make my professional conge, at the same time.

No, indeed—the skillful climber holds fast to the present support until he has made sure of his grasp upon the round above, and we, if we would come out of the present transition period of medical practice, at a point above that of our entrance or actual position, must act upon the argument of our discourse, resist the tendency to extreme views, and, taking a maxim from a book of the highest authority, “prove all things, and hold fast that which is good.”

We are less likely to err in the sparing administration of drugs, on account of the popular idea of their necessity in all serious illness. There is a faith in physic, prevalent in society, quite irrespective of, nay, decidedly antagonistic to a rational confidence in medical science. Long ago, when doctors illustrated the learning of their calling, by intercommunications in Latin, a sagacious veteran in its ranks thus qualified the scientific ardor of an inexperienced young friend, whose studious efforts deserved a more cheering recognition. “O Juvenis tua doctrina non promittet opes—plebs amat remedia: ‘The people love nostrums, they don’t want your learning, they want your physic.’” Many a disgusting dose, whose best commendation is harmlessness, has found its way into a sick man’s stomach, for no better reason than a deference to the perverse partially implied in the old gentleman’s satirical, but too well founded, expostulation. The honor of the profession, not less than the efficacy of our art, demands that we disabuse the

popular mind of this pharmaceutical credulity—this strange and unnatural appetite for nauseous drugs. Bigelow has assailed it as Cervantes did another infatuation, in his “Paradise of Doctors”—but all of us may contribute, in a more direct and rational manner, to the same end, by so conducting our practice as to demonstrate that we do not participate in that credulity ourselves, nor surrender our judgement to it, when presenting itself in the well-known expectations, or even importunities of infatuated patrons.

The caution against extreme opinions and measures, which was intended to be the central idea of the present discourse, but which, like the text of many a better sermon, has been eclipsed by the intrusion of incidental thoughts and illustrations, is not less pertinent in regard to our efforts for the improvement of medical education, than in the topics already contemplated.

Those efforts constitute the engrossing medical movement of the day—felt to be so essential even to medical respectability, to say nothing of dignity and progress, that the professional mind is hardly calm and dispassionate enough to fix the blame of existing evils where it truly belongs, nor to appreciate justly the various expedients that are suggested for their removal. Moses, in no part of the admirable economy of his dispensation, showed a clearer insight into human nature, than in the institution of a “scape-goat” that should bear off occasionally, into the wilderness, the sins of the people. No individual or community, of any kind, political, theological, or medical, ever suffers itself to fall into besetting sins either of omission or commission, but, so soon as retribution begins to be felt, looks around for a ‘scape-goat’—and so we have turned upon the Medical Colleges, and fixed upon them the blame and discredit involved in the imperfect education of our young physicians.

But, it may be fairly asked, if unsuitable persons have found their way into the fraternity, where were they initiated but in the offices of private practitioners, and who sent them to the schools, generally speaking, if not these same gentlemen who have better means of knowing their fitness or want of capacity than the professors of the schools? Far from blameless, however, are the colleges themselves, in this particular, inasmuch,

as it is their duty to throw out unsuitable material, instead of trying to manufacture it into indifferent products.

What shall be done with these institutions, and how shall it be done, in order to render their graduates more worthy of our professional fellowship? Let me venture to add another to the various responses to these interesting questions.

Considering that the present system of organizing and conducting our *Medical schools*, is something like an hundred years old, it is remarkable how little change judicious criticism of it is now disposed to suggest. Almost all other institutions, in this progressive age and nation, have outgrown their mode of being and action in half that time.

In the matter of organization, it seems to me that the capacity of our schools for furnishing instruction up to the times, would be increased, by the addition of two or three more chairs to the corps of teachers—clinical medicine and surgery, should each have an independent professorship, and public and private Hygiene with perhaps legal medicine, another. This would make the number of distinct departments of instruction ten instead of seven, and the fee of each profession should be so reduced, as to make the aggregate tuition the same as at present. Beside rendering the curriculum more complete, this would secure the incidental advantage of dividing the receipts, in prosperous schools, so as to offer fewer temptations to *star lecturing*, as it may be termed. Few circumstances have exercised such unfavorable influences upon the character and usefulness of our medical schools as the policy, too common among them, of inviting to vacant chairs a class of men who have educated themselves expressly for lecturers, devoted themselves to teaching as a means of livelihood, and circulated about the country, from place to place, sojourning, for the time being, wherever they could make the most profitable engagement. The effect of this policy has been, in the first place, to render the mercenary element in the economy of these institutions, more predominant than it would otherwise have been; in the second place, to induce frequent changes in their Faculties, and in the third and most important particular, to commit the most practical departments of instruction, often, to men who were attractive rhetoricians and plausible dogmatists, but destitute, by reason of the very vagrant habits of their life, of

that personal acquaintance with disease, and familiarity with its treatment, which are indispensable qualifications in one who is to prepare young men for the duties and responsibilities of physicians. No man should occupy any chair in a medical school, with the exception, perhaps, of chemistry, who is not, or has not, for many years of his life, been in active practice. Learning, scholarship, eloquence are indeed most excellent and desirable accessory qualities, but cannot confer the most essential qualifications for a medical teacher, any more than they could confer upon one of us the seamanship of a Hull or a Decatur. Young men cannot be duly initiated into medicine by mere dilettanti in the art, much less can they be made to realize the full inspiration of the arduous and noble calling, except from the lips and example of a veteran in the service.

Professorships should be regarded as *places of promotion and honor* for eminent practitioners, and not as *livings* for medical pedagogues, nor as *spoils* for the astute professional electioneerer and intriguer. In no department of duty is the "laborem more worthy of his hire," than that of training up worthy successors in the healing art; but it is a gross and sordid perversion of a noble purpose, to pander to the spirit of avarice or even of pecuniary adventure, by extravagant emoluments offered to medical teachers. To say nothing of pecuniary accumulations, which some fortunate professors have realized, it is unreasonable to look to the compensation for four hour's labor per week, through the four winter months, for the entire means of subsistence during the year of otherwise unproductive and perhaps fashionable living. Let the medical professor, like his professional neighbors and friends, depend for his livelihood and official independence, upon the legitimate rewards of practice, and let him receive for his services at the college, rather as a *honorarium* than a hire, a reasonable compensation for the time and labor there expended; but let him not desecrate his official position by lending or giving it to the service of mammon. Let him not, I say; but can we candidly speak of this matter, my friends, as altogether future and contingent? Has it not already come to pass, that our medical schools, in the majority of cases, and in a form and degree which cannot be charged upon other educational institutions, have become money-making, or, at least, money seeking establishments?

and is it not to this fact that we must trace, in the last analysis of causes, most of those irregularities and abuses, so detrimental to the profession, which we have been so many years trying in vain to correct, and which we may try forever, in vain, to correct by any such superficial reforms as consist in proposed changes in the curriculum, in the length of the lecture term, &c., &c.

Whence the intense and ungenerous competitions, whence the various allurements to students of questionable taste and propriety, whence the electioneering circulars, whence the boastful and fictitious catalogues, and whence the almost undisguised difference between the ostensible and actual terms and conditions of graduation, which characterize our medical school policy? Enthusiasm in the noble ends and attributes of medical scholarship, might well inspire efforts and expedients, various and earnest, on the part of those charged with the direction of it; but not such efforts and expedients as these. Too plainly do they betray their origin in that ignoble affection which inspiration declares to be "the root of all evil."

To protect the offices of medical instruction from mercenaries, as well as dependents, we should discountenance the great augmentation of classes, which the gregarious propensities of students, and the allurements of fashion and prestige, rather than any well founded preference, occasion from time to time, at one place and another. One hundred and fifty or two hundred bona-fide students, with the tuition fees at present in vogue, will furnish an ample remuneration for the services of the professors, rendered according to our standard curricula, and no one will doubt that this number can be better instructed by the same corps of teachers, than four or five hundred. No impartial and well-informed physician will doubt, I suppose, that the *eleven* or *twelve hundred* students gathered the last winter, at Philadelphia, would have been better instructed, on the whole, under an equal division among the four respectable schools of that city, than under the unequal division that actually occurred—nobody believing, except some of their green students or excusably partial alumni, that the Faculty of the Jefferson College, able and eminent as it is, is capable of supplying young men with what they have to learn in medical schools, any better than the Faculty of their neighbors of the

University, or the Faculty of the College of Physicians and Surgeons of New York, or the Faculty of the University at Nashville, or the Faculty of the University of Louisville.

The *organization* of our medical schools, as already said, needs but little change to bring it into correspondence with the advanced and diversified scientific requisitions of the day, and it may be added, that the terms and conditions of graduation, as they appear in the circulars of all the reputable schools, are equally satisfactory, and sufficient to secure a respectable medical education in their graduates, if rigidly and faithfully enforced.

Three years preceding the age of manhood, are to be devoted to medical study, under the direction of a respectable practitioner—attendance on two courses of lectures of four months each—evidence of having practiced dissections, and attended clinics—the exhibition of a well-written thesis, and a satisfactory examination in all the departments of medical science—these requisitions hold the standard of qualification for the doctorate as high as the general state of mental culture and of opportunities for preliminary study throughout the country, will bear, and the young man who is made to comply with them, in good faith and reality, will generally be fairly entitled to the honors of graduation.

It is in the *administration* of the schools, then, and not in their organization or requirements, that we must counsel and enforce reform that shall be of any efficacy; and, if the board of representatives of the Colleges that is soon to assemble, to recommend measures of reform, contents itself with advising a prolonged period of study, an extension of the lecture term, and better preliminary education, it may as well never have troubled itself with a session at all, so far as any real improvement is to be effected by it, in medical education. Something more radical, penetrating, corrective, must be applied to the abuses of the system—the *administration* of it must be brought up to its actual *provisions*, and then, and not before, can we know whether its provisions are wise and adequate or not. But how, and by whom is this correction to be devised and applied? In this question lies the whole difficulty of the subject. “*Quis custodiet ipsos custodes?*” Who shall watch the watchmen? The reply to the question, in this form, in the

present application of it, is ready enough, as it seems to me supplied, indeed, by our general acquiescence in the measures now in progress for effecting reforms and improvement in medical education. The "American Medical Association" has called together the board of advisers referred to, and is to review and legislate upon its conclusions. The Profession is the patron of the schools, and may always control legislative enactments conferring the privilege of introducing new members into its body. It is proper therefore, and in analogy with legal maxims, in other cases, that it should have the right of superintendence and visitation. The Association, with its 4,000 or 5,000 permanent members—representative men, from all quarters of the country—is already a *power* in the commonwealth of medicine, and, if it maintain itself, as hitherto, with a simple organization, unswerving devotion to the original purposes of its being, proof against the temptations of centralization, the blandishments of partialities, and the snares of intrigue, just alike in the dispensation of its honors and its retributions, will soon become a *sovereign* and *absolute power* there. If this body can bring the medical schools, under such a system of inspection, as is employed in the management of other classes of educational institutions, by means of trustees, committees, and similar agencies—such an inspection as will open the real policy, economy and conduct of each institution, to the cognizance of the medical public, it will have taken the most important step towards an improvement in medical education, avoiding all violent and impracticable alterations in a favorite system, while preparing the way for the most uncompromising reform in the administration of it.

This "Association"—the great representative body of American Medicine, is soon to assemble, in the principal city of our own commonwealth. I deem it the duty, and doubt not that it will be the pleasure of this society, to take some measures indicative of its grateful recognition of so distinguished and welcome a visitor. In its annual migrations to the different States, the parent Association is naturally the guest of its nearest relative and principal constituent, the State Society. Let us be true to our filial relations on the approaching occasion.

Our brethren of the city are already in the field of preparation, and we must be content to assist them in the dispensation

of appropriate hospitalities; but we ought not to be anticipated by any body, in cordial assurances of dutiful regard, and cheerful co-operation, addressed in suitable form and terms, to our only superior in the family of corporate medicine.

The present exercise, gentlemen, is among the last, and, to myself, the most interesting of the duties belonging to the office your partiality assigned to me, at our last annual meeting. I can not be insensible to the privilege it has secured me, in this opportunity of addressing on such topics, and in such terms as I might choose, an assembly like this of my professional fellows and friends, nor to the corresponding obligation to render the discourse appropriate and satisfactory to such an audience. The will and endeavor to this effect, so far as leisure and health would permit, have been mine; but no one can be more sensible of the inadequacy of the performance. Aware how little has been presented to reward your protracted attention, I still indulge the hope that there has been nothing to provoke your disapprobation or censure.

The thoughts and observations constituting the discourse, have been offered in the spirit of a devoted attachment to the profession of my choice and my pride, and of a sincere interest in this organized body of my compeers. If, as I doubt not, they are received in a kindred spirit to that in which they are offered, the hour will not have passed without its satisfactions—the genial and generous sentiment of the occasion will forego criticism on the President's "valedictory," in the more grateful endeavor to exalt its humble merits into argument or incentive, in behalf of a more general and hearty devotion to that good cause which has gathered us together in this pleasant re-union.

